

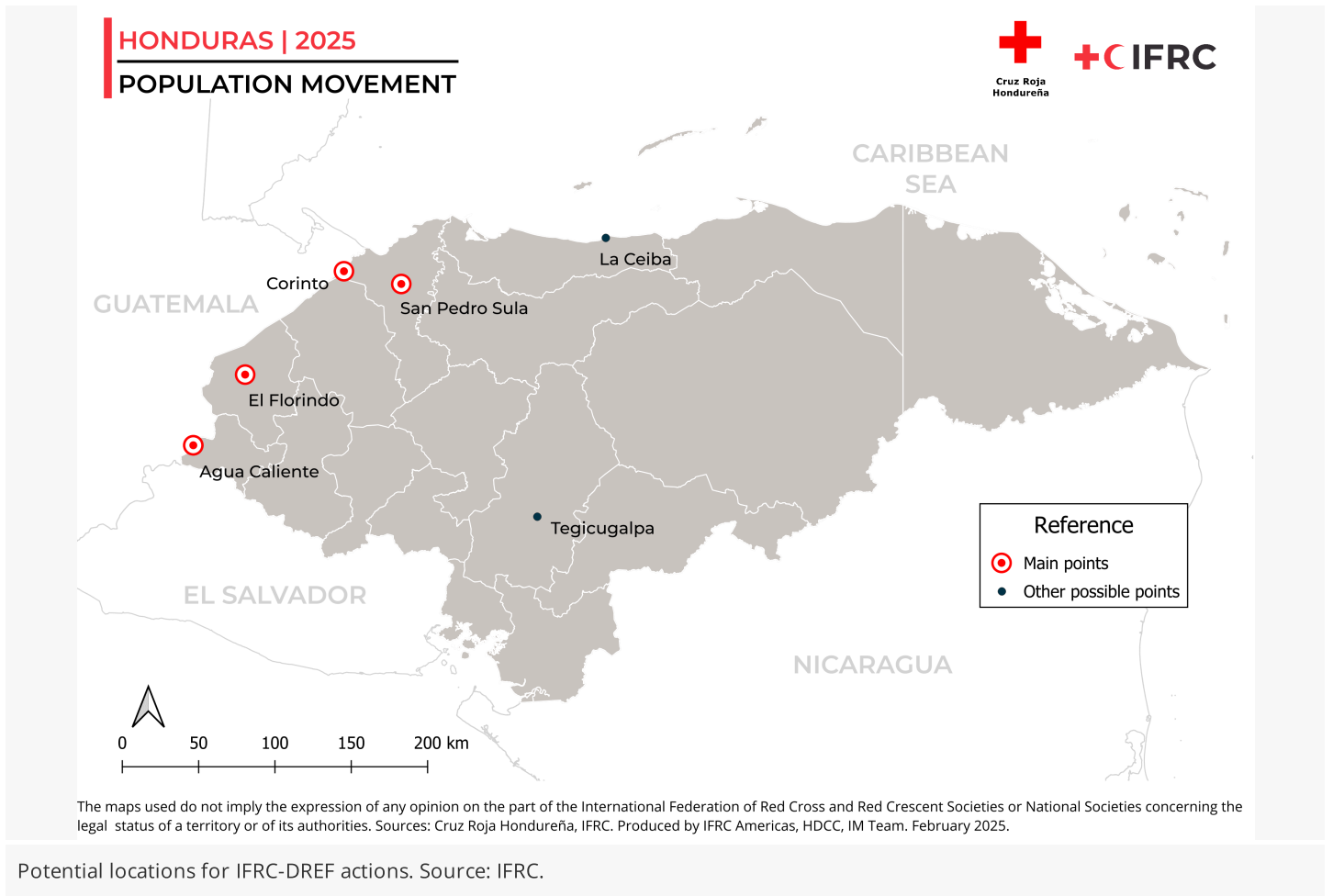
First aid training for HRC volunteers. May 2025, Source: HRC

Appeal: MDRHN025	Total DREF Allocation: CHF 149,250	Crisis Category: Yellow	Hazard: Population Movement
Glide Number: -	People Affected: 261,651 people	People Targeted: 4,000 people	People Assisted: 0 people
Event Onset: Slow	Operation Start Date: 12-02-2025	Operational End Date: 31-08-2025	Total Operating Timeframe: 6 months

Targeted Regions: **Copan, Cortes, Ocotepeque**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Provide any updates in the situation since the field report and explain what is expected to happen.

By the end of the DREF operation in August 2025, the scenario anticipated did not materialize at the scale originally projected. Although U.S. Immigration and Customs Enforcement (ICE) maintained its estimate of up to 261,651 Hondurans potentially facing deportation during 2025, the actual number of returns registered during the DREF implementation period remained below the thresholds established by the National Society to activate the early actions or scale-up to a full response.

According to monitoring data from the National Migration Institute (INM), a total of 7,423 people returned from the United States and 1,808 from Mexico during the early months of 2025, for a combined 9,231 returnees. This represented a 5% decrease compared to the same period in 2024, when 9,771 returns were recorded. This decline prevented the activation of Trigger 1 (increase in migrant flows) and Trigger 2 (capacity exceeded at reception centers), as return volumes never approached the operational thresholds of 1,000 people in San Pedro Sula or 1,000 people in Omoa within a 24–48 hour window.

Similarly, no formal request for scale-up was issued by national authorities, the condition established under Trigger 3. Although reception continued at Palmerola, Toncontín, Golosón and the main land border points (Ocotepeque, Agua Caliente, El Florindo, Copán, and Corinto, Cortés), the return flows were manageable under the routine mechanisms of CAMR Omoa and CAMR Belén, and no additional reception points needed to be activated.

Humanitarian assistance mandated under Article 27 of the Law for the Protection of Honduran Migrants and their Families continued to be provided by government institutions, including humane reception, social orientation, basic health services, communication with relatives, and referral support. However, the demand for these services did not increase beyond normal operational capacity, which further contributed to the non-activation of early actions and response phase.

Throughout the period, the Honduran Red Cross maintained continuous monitoring of deportation trends, participated in coordination platforms, and advanced planned readiness and pre-positioning actions as outlined in the DREF plan. These included strengthening inventories, updating protocols, enhancing volunteer capacities, coordinating with SENAF and the Ministry of Foreign Affairs, and



preparing procurement processes for WASH items, first aid, MHPSS readiness, and protection tools.

By August 2025 the migration context remained stable enough to avoid triggering the anticipatory actions planned under the imminent DREF, and the operation concluded having completed the readiness and pre-positioning phases without the need to conduct early actions or scale up to response.



Specialized MHPSS training with a PGI approach, March 2025.
Source: HRC



Pre-positioning of differentiated hygiene kits. May 2025. Source: HRC

Scope and Scale

During the implementation period of this DREF, migratory flows toward Honduras continued to be closely monitored due to the potential risk of a large-scale return scenario. Although U.S. Immigration and Customs Enforcement (ICE) estimated that up to 261,651 Hondurans could be returned from the United States in 2025, the actual return figures during the operation remained significantly lower than anticipated. This situation was further influenced by the fact that no major policy changes were introduced by Mexico or Guatemala that would have increased deportations through land routes.

Returns continued to be managed through the established entry points, particularly the airports of Palmerola (Comayagua), Toncontín (Tegucigalpa) and Golosón (La Ceiba), as well as the main border crossings with Guatemala, including Agua Caliente-Ocotepeque, El Florido-Copán and Corinto-Cortés. The flow of returnees remained within the normal operational capacity of the Centro de Atención al Migrante Retornado (CAMR) in Omoa and the Centro de Atención Belén in San Pedro Sula, which prevented the activation of the thresholds defined under the DREF triggers.

In this context, the Honduran Red Cross, acting in its auxiliary role to public authorities and within its humanitarian mandate, maintained its focus exclusively on readiness actions. These included pre-positioning of essential supplies, strengthening coordination mechanisms with government institutions, and enhancing internal readiness capacities to ensure that a timely and structured response could be deployed if the situation escalated.

Because return flows never reached the levels required to trigger early actions or response, the DREF focused exclusively in the readiness phase, ensuring that the National Society was adequately prepared should the migration context deteriorate. This approach reduced the risk of gaps in humanitarian assistance and ensured that the National Society maintained operational readiness without overstressing available resources.

Source Information

Source Name	Source Link
1. DW - Honduran individuals who have a deportation order	https://www.dw.com/es/honduras-recibir%C3%A1-primeros-dos-vuelos-militares-con-126-deportados-de-eeuu/a-71464460
2. White House - Declaring a national emergency at the southern border of the United States.	https://www.whitehouse.gov/presidential-actions/2025/01/declaring-a-national-emergency-at-the-southern-border-of-the-united-states/



3. White House - Securing Our Borders (Executive Order)	https://www.whitehouse.gov/presidential-actions/2025/01/securing-our-borders/
4. White House - Realigning the United States Refugee Admissions Program (Executive Order)	https://www.whitehouse.gov/presidential-actions/2025/01/realigning-the-united-states-refugee-admissions-program/

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	<p>Throughout the operation, the Honduran Red Cross received continuous technical support from the IFRC Country Cluster Delegation in Central America. Prior to the formulation of this IFRC-DREF, the IFRC had already been engaged through regular coordination and monitoring meetings, providing guidance on preparedness and response strategies related to the evolving migration context.</p> <p>During the implementation period, the IFRC continued to support the National Society through humanitarian needs analysis, regional context monitoring and technical accompaniment. The IFRC also contributed to the work of the Migration Technical Table convened by the National Society, offering technical inputs to strengthen planning, coordination and decision-making processes associated with population movement preparedness.</p>
Participating National Societies	<p>The Honduran Red Cross received technical guidance and financial resources from both the Spanish Red Cross and the German Red Cross, which strengthened its capacity to respond to the humanitarian situation. In addition, several Partner National Societies participated in the Migration Coordination Table convened by the National Society, contributing logistical and human resources to support actions framed within the activation of the National Response Plan.</p> <p>It is also important to note that the Honduran Red Cross received a contribution from the Netherlands Red Cross, focused on assisting migrants in transit. The National Society assessed whether, depending on the evolution of needs, a portion of these funds could be reoriented to support returned migrants prioritized under this IFRC-DREF, particularly to reinforce volunteers and staff through operational communication tools and the distribution of hygiene or psychosocial support kits, as required.</p>

ICRC Actions Related To The Current Event

In response to the humanitarian situation, the ICRC continued to support the Honduran Red Cross through several strategic actions. This included the integration of key protection staff to strengthen safe referral mechanisms and the joint implementation of the Red Safe project, applying an information-as-aid approach and promoting safe referral pathways for vulnerable cases.

The ICRC also maintained an active presence in the Migration and Health Coordination Table, contributing its technical expertise and coordination to reinforce response strategies. In addition, it engaged in advocacy with government institutions to promote the updating and improvement of protection protocols, ensuring a more effective and rights-based approach to assisting vulnerable migrant populations.



Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>Coordination efforts continued through the Cooperation Table for the Assistance of Returned Migrants, ensuring a collaborative approach to addressing the needs of this population.</p> <p>In addition, the Government of Honduras implemented the “Hermano Vuelve a Casa” programme, which had initially been planned for three months but was later extended until December 2025. This programme to support returnees through financial aid, food vouchers, access to employment or entrepreneurship support, and services provided at Returned Migrant Assistance Centers (CAMR), including hygiene, shelter, health and transport assistance.</p> <p>As part of this support package, each returning migrant received a cash grant of 2,600 lempiras, two food vouchers valued at 2,000 lempiras each redeemable at BANASUPRO, and a transportation voucher provided by the Ministry of Foreign Affairs. In total, 6,600 lempiras were provided per person, contributing to greater stability during the initial reintegration period.</p>
UN or other actors	<p>UNICEF provided direct support to the Secretariat of Childhood, Adolescence, and Family (SENAF) in activating the reintegration process through the deployment of reintegration officers, ensuring comprehensive assistance for returned children and adolescents.</p> <p>The International Organization for Migration (IOM), in coordination with the Secretariat of Foreign Affairs, promoted the Reintegration Plan, strengthening efforts to facilitate the social and economic reintegration of returned migrants.</p>
<p>Are there major coordination mechanism in place?</p> <p>The National Protection Table for Returned Migrants (MNPPMR) was an inter-institutional coordination platform that brought together government agencies, international organizations, and non-governmental organizations (NGOs) to ensure the protection and comprehensive assistance of returned migrants. Its primary role was to plan, implement, and monitor strategies aimed at providing effective support and humanitarian aid to this vulnerable population.</p>	

Needs (Gaps) Identified



During the operation, the National Society conducted an analysis of the health needs that would have required attention if the DREF triggers had been activated. Returned migrants in Honduras faced significant health challenges linked to the conditions endured during migration and the difficulties associated with reintegration. Anticipated gaps included limited access to healthcare services, untreated physical illnesses, increasing mental health needs, and specific vulnerabilities among women, children, adolescents and older adults.

Access to medical care was expected to remain restricted due to limited health coverage, economic and geographic barriers and the already high demand placed on the Returned Migrant Assistance Centers (CAMR). In many cases, returnees were required to seek medical care in their communities of origin, where health facilities often lacked the resources to respond effectively, leading to delays in diagnosis and treatment.

Internal assessments indicated that, in a potential activation scenario, many returned migrants might present chronic conditions such as diabetes, hypertension or asthma that had worsened due to poor continuity of care during migration. Injuries and infectious diseases associated with the journey, including respiratory, gastrointestinal and dermatological conditions, were also anticipated to require medical attention that might not be readily available in overstretched facilities.

Mental health was identified as one of the most critical anticipated needs. Many migrants experienced violence, family separation or



prolonged detention, making them susceptible to depression, anxiety and post-traumatic stress disorder. However, access to psychological and psychiatric services in Honduras was extremely limited, with a low number of specialists and only two psychiatric hospitals nationwide, affecting particularly those in rural or remote communities.

Vulnerable groups, including women, children and older adults, were expected to require differentiated care. Women faced gaps in sexual and reproductive health services, while children and adolescents were at risk of malnutrition, incomplete vaccination schedules and emotional distress associated with return. Older adults frequently returned without family support networks and with chronic diseases that required consistent treatment, further heightening their vulnerability.

At a structural level, the public health system's limited capacity, unequal distribution of services and shortages of medical supplies and personnel were recognized as major constraints. These systemic limitations would have reduced the country's ability to cope with an escalation in return flows and had the potential to generate broader public health impacts in receiving communities.

Because the DREF did not activate early actions or response, health-related activities remained limited to internal readiness. This included strengthening volunteer capacities, updating guidance materials, and ensuring readiness to provide basic first aid, psychological first aid (PFA) and safe referrals should the situation deteriorate



Water, Sanitation And Hygiene

During the operation, the National Society identified significant WASH needs that would have required attention if the DREF had transitioned into early actions or response. Returned migrants in Honduras faced serious gaps in access to safe water, sanitation and hygiene, which compromised their health, dignity and well-being. Reception points and temporary shelters frequently lacked adequate infrastructure to ensure sufficient drinking water, increasing the risk of dehydration, diarrheal diseases and skin infections. The absence of efficient water storage and distribution systems further limited access to safe water, forcing many individuals to ration consumption or rely on unsafe sources, particularly affecting vulnerable groups such as children, women and older adults.

Sanitation conditions in potential reception areas were also assessed as insufficient. Many facilities were expected to face shortages of safe, functional and adequately maintained latrines or toilets, complicating the safe management of excreta and solid waste and heightening the risk of contamination and disease transmission. The lack of gender-sensitive and safe spaces for sanitation exposed women and girls to additional protection risks, including insecurity and gender-based violence, limiting their ability to meet basic hygiene needs with dignity.

Internal assessments highlighted additional gaps related to the availability of basic hygiene supplies. Items such as soap, sanitary pads, diapers, disinfectants and other essential hygiene materials were expected to be insufficient or unavailable in many reception points. These shortages disproportionately affected women, girls, children, older adults and people with disabilities, for whom proper hygiene practices are critical for health and protection.

Given these anticipated gaps, the National Society focused on strengthening its internal readiness capacities under this DREF. Activities included planning for the pre-positioning of hygiene items, identifying procurement needs, training volunteers in hygiene promotion and ensuring readiness to support safe water distribution and basic sanitation if required. Because the DREF did not transition into early actions or response, WASH activities remained limited to internal readiness and coordination with authorities to anticipate priority needs in a potential escalation.



Protection, Gender And Inclusion

During the operation, the National Society identified significant protection needs that would have required attention if the DREF had transitioned into response mode. The increase in returned migrants with specific protection concerns, many of whom had been affected by forced displacement or were survivors of gender-based violence, reflected substantial gaps in the broader response environment. In Honduras, death threats, extortion, intimidation and general insecurity remained key drivers of cross-border displacement. Situations such as forced recruitment, the killing of family members or neighbors, kidnappings and femicides had forced many individuals to migrate in search of safety. Upon return, however, these individuals continued to face a high-risk environment with limited access to effective protection mechanisms.

Institutions responsible for assisting returned migrants provided only partial support for the activation of immediate protection and care procedures. As a result, many individuals remained in a situation of heightened vulnerability without timely access to comprehensive assistance, safe referrals or guarantees for their personal security. These conditions were considered critical factors in the needs analysis that guided the actions conducted under the DREF.



Unaccompanied children and adolescents returning to the country were identified as one of the groups at highest protection risk. Internal assessments indicated that they faced psychological distress related to traumatic migration experiences and the instability of reintegration. They also encountered barriers in accessing essential services such as education and healthcare, and were at increased risk of exploitation, abuse and neglect due to the absence of protective family or community networks. In addition, adolescents required access to appropriate hygiene supplies, including menstrual hygiene kits, as well as safe shelter arrangements to ensure dignity and well-being.

The broader migration context in Honduras was marked by poverty, inequality and violence, perpetuating the vulnerability of returned migrants. According to the 2024 Global Peace Index, a significant proportion of the population lived in precarious conditions with limited access to economic opportunities and basic services. Returned migrants often encountered the same threats that had initially driven them to leave the country, compounded by persistent socioeconomic barriers hindering their reintegration. Despite ongoing governmental efforts, the response capacity of state institutions remained insufficient to address the scale and complexity of protection needs.

Because the DREF did not activate early actions or transition to response mode, PGI activities were limited to internal readiness. This included strengthening the National Society's capacity to conduct safe identification and referrals, training volunteers on PGI and safeguarding principles and ensuring readiness to support protection mechanisms in the event of an increase in return flows.



Community Engagement And Accountability

During the operation, the analysis of the migration context indicated that significant CEA needs would arise if deportation numbers increased and the DREF triggers were activated. Misinformation and fragmented communication regarding procedures, services and institutional responsibilities represented potential barriers for returned migrants in accessing clear and timely information. These gaps were expected to affect particularly vulnerable groups such as women, children and individuals with specific protection needs.

Because the DREF did not activate early actions or response, no community-facing CEA activities were implemented. However, the National Society focused on strengthening its internal readiness capacities to address these anticipated needs should the situation escalate. One of the main internal gaps identified was the limited availability of trained personnel in CEA approaches, tools and feedback mechanisms. The absence of specialized training had the potential to hinder the National Society's ability to provide accurate guidance and to manage community information needs effectively during a response.

Additionally, internal assessments highlighted that, in a potential activation scenario, the short duration of contact with returned migrants would make it difficult to establish feedback mechanisms and gather information on satisfaction, concerns and unmet needs. Strengthening staff and volunteer skills in two-way communication, rumor management and the use of simple feedback tools was therefore prioritized as part of preparedness actions.

Overall, during this DREF, CEA needs were analyzed and anticipated, but activities remained limited to internal readiness, including the identification of training needs, preparation of guidance materials and readiness coordination, ensuring that the National Society would be able to implement appropriate, dignified and community-centered actions if the migration situation worsened.

Operational Strategy

Overall objective of the operation

Through this IFRC-DREF allocation, the Honduran Red Cross aimed to mitigate the risk of a humanitarian crisis that could have been triggered by an unusual increase in the number of returned migrants. To this end, it planned anticipatory actions designed to provide humanitarian assistance to 4,000 returned individuals, focusing on key areas such as health, water, sanitation and hygiene (WASH), protection, gender and inclusion (PGI), and community engagement and accountability (CEA). These actions were expected to be implemented at border points in Omoa, Ocotepeque and Copán, as well as at the Returned Migrant Assistance Centers (CAMR) in Omoa and San Pedro Sula, over a period of six months.

Since the trigger for early actions was not reached, the activities focused on readiness and prepositioning, so no persons were assisted.

Operation strategy rationale

The Honduran Red Cross developed its operational strategy to mitigate the risk of a humanitarian crisis that could have been triggered by an unusual increase in the number of returned migrants. Based on the National Society's operational experience, the strategy sought



to address critical gaps through a structured approach that included:

- Strengthening institutional capacities, particularly in partnerships and coordination with external actors, including governmental authorities.
- Expanding technical and volunteer personnel to improve service delivery.
- Enhancing resource management, including financial, logistical and technical capacities.
- An anticipatory action approach focused on five key sectors of intervention, in which activities were planned to be implemented in three phases: Readiness, Pre-positioning and Early Actions.

Health

Readiness Phase

To ensure comprehensive and high-quality humanitarian healthcare for returned migrants, Standard First Aid (SFA) training was planned and delivered for National Society staff and volunteers, emphasizing triage, wound management, trauma care and basic life support. Training used an evidence-based methodology, updated materials and hands-on sessions to strengthen responder competencies.

The “Caring for the Caregivers” program was also implemented to strengthen the emotional resilience of volunteers and staff, equipping frontline responders with coping strategies to manage stress during potential future operations.

Early Actions

If the DREF had triggered early actions, primary healthcare services were planned to be reinforced, including medical care, nursing services and first aid through a structured triage system. Mobile Humanitarian Service Points (HSPs) were planned to be deployed, with special attention to mental health support integrated into the MHPSS programme.

A structured psychosocial support programme was also planned, including psychological counselling, therapy sessions and safe referral pathways based on a mapped network of service providers. Both remote and in-person support modalities were to be activated through trained psychosocial support volunteers.

Since the trigger for early actions was not reached, these were not conducted.

Water, Sanitation and Hygiene (WASH)

Early Actions

The WASH strategy aimed to ensure safe water access and hygiene conditions at reception centers and temporary shelters. Planned early actions included the installation of strategically located water access points and the distribution of age- and gender-sensitive hygiene kits containing soap, sanitary pads, disinfectants and other essential items.

Since the trigger for early actions was not reached, these were not conducted.

Protection, Gender and Inclusion (PGI)

Readiness Phase

Workshops on PGI were carried out for staff, volunteers and key stakeholders, and the Protection Against Exploitation, Abuse and Sexual Harassment (PEAS) Policy was disseminated. Actor mapping and referral pathways were updated to support safe identification and referral of individuals with specific protection needs.

Early Actions

The National Society planned to provide Restoring Family Links (RFL) services, including access to the RedSafe Humanitarian Platform to facilitate safe information and referrals.

Since the trigger for early actions was not reached, these were not conducted.

Community Engagement and Accountability (CEA)

Readiness Phase

Volunteers and staff received community engagement training to strengthen the identification of information gaps and communication needs among migrant populations. Existing communication materials were reviewed and adjusted for contextual relevance. Training was integrated across technical areas to ensure that CEA principles were embedded in all planned interventions.

Early Actions

The Honduran Red Cross planned to implement its Feedback Mechanism to allow returned migrants to express concerns and provide input on services received. Planned channels included phone calls, text messaging and email, complemented by context-appropriate participatory tools. Information materials describing service eligibility, available assistance and points of contact were also planned for development and distribution.

The planned CEA actions did not require additional funding because the National Society already had established materials and communication channels, which only needed contextual adaptation if early actions were triggered.



Since the trigger for early actions was not reached, these were not conducted.

Throughout the operation, the strategy aimed to ensure a coordinated, evidence-based and needs-driven approach to potential humanitarian challenges faced by returned migrants. Strategic alignment with government entities and humanitarian partners was central to ensuring future scalability and sustainability of interventions.

A structured lessons-learned workshop was organized to review and document key insights from the anticipatory action phase, identifying best practices, challenges and improvements for future humanitarian interventions.

Finally, 58 percent of the budget was allocated to operational expenses, reflecting high volunteer mobilization costs due to the extensive geographic coverage required by the planned interventions. This allocation ensured the readiness needed to operate effectively if the situation escalated.

Targeting Strategy

Who was targeted by this operation?

The Honduran Red Cross planned to implement the actions outlined in this IFRC-DREF operation, focusing on returned migrants located at the border points of Agua Caliente (Ocotepeque), Corinto (Omoa) and El Florido (Copán), as well as at the Returned Migrant Assistance Centers (CAMR) in Omoa, Belén (San Pedro Sula) and San Pedro Sula. Additionally, if needs had increased, Golosón Airport (La Ceiba) and Palmerola International Airport (Comayagua) had been considered as additional points of intervention.

The intervention had been expected to reach 4,000 people, based on internal analyses conducted by the National Society using data from official primary and secondary sources. These estimates reflected the anticipated scale of needs and the planned operational capacity required to ensure an effective and timely humanitarian response in case of activation.

Explain the selection criteria for the targeted population

The actions proposed in this IFRC-DREF operation were primarily targeted at returned migrants who fall under the following conditions:

Unaccompanied Children and Adolescents: Individuals under 18 years of age who are outside their country of origin, either in transit or in the process of return, without the presence of a legally responsible adult. This category also includes minors who, despite being accompanied, have been separated from their primary caregivers.

Pregnant and Lactating Women: Women who are either pregnant or breastfeeding and face extreme vulnerability during the migration process and upon returning to their communities of origin. These individuals require specialized support to address their health and nutritional needs.

Women Survivors of Violence: Women who have experienced gender-based violence, sexual exploitation, physical abuse, human trafficking, or psychological violence either during migration or after returning to their communities. These individuals often face significant protection risks and require immediate assistance.

Individuals with Urgent Medical Needs or Disabilities: This group includes migrants with critical health conditions, chronic illnesses, and physical, sensory, intellectual, or psychosocial disabilities that require priority attention during the return process. These individuals face multiple challenges due to their health conditions, as well as physical, social, and economic barriers that impact their well-being both during migration and upon reintegration into their communities.

Returned Migrants Facing Imminent Risks of Violence or Internal Displacement: Individuals who, upon returning to their country of origin, are exposed to high levels of insecurity, violence, and threats that endanger their safety, well-being, and stability. This group requires urgent protection measures to prevent further displacement and ensure their access to safe living conditions.



Total Assisted Population

Assisted Women	-	Rural	70%
Assisted Girls (under 18)	-	Urban	30%
Assisted Men	-	People with disabilities (estimated)	1%
Assisted Boys (under 18)	-		
Total Assisted Population	0		
Total Targeted Population	4,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Limited Reception Centers and Inadequate Assistance Spaces	<p>Strengthening collaboration with relevant stakeholders to identify and secure safe spaces for the reception and assistance of returned migrants, ensuring adequate conditions for humanitarian response.</p> <p>Providing appropriate Personal Protective Equipment (PPE) to all personnel and ensuring its correct use through targeted biosecurity training. These measures aim to minimize exposure to infectious diseases and environmental hazards, safeguarding the health and well-being of response teams.</p>
Overload of Reception and Assistance Capacity	<p>Implementing rotational shifts to ensure balanced workloads, along with an equitable distribution of tasks and responsibilities among personnel. This measure aims to prevent excessive fatigue and reduce the risk of burnout.</p> <p>Enforcing strict adherence to safe work schedules and secure transportation protocols, including the use of officially identified institutional vehicles for mobilization. Additionally, security regulations will be disseminated to staff to enhance situational awareness and safe access to operational areas.</p> <p>Providing mental health and emotional support through the</p>



"Caring for the Caregiver" methodology. This initiative ensures that frontline workers receive the necessary psychological support to manage stress, improve resilience, and maintain overall well-being.

Please indicate any security and safety concerns for this operation:

Reception of Individuals Linked to Criminal Organizations: The National Society identified the potential reception of returned migrants associated with kidnapping, extortion, gang recruitment or drug trafficking networks as a significant operational risk. Such individuals could have attempted to approach humanitarian personnel to obtain personal information about beneficiaries, thereby compromising the safety and confidentiality of assistance processes.

Aggressive Behavior from Returned Migrants: There was also a risk that dissatisfaction with government services or perceived gaps in the assistance provided could have led some returnees to exhibit aggressive or violent behavior. These incidents could have caused disturbances in reception or shelter facilities, posing a direct threat to personnel safety and potentially affecting the continuity of operations.

Political and Socioeconomic Context Challenges: The evolving national and international political context, combined with the proximity of internal and general elections, was identified as a factor that could have complicated coordination and the effective implementation of planned assistance activities. Political tensions and shifting institutional priorities could have influenced resource allocation, inter-agency coordination and overall response effectiveness.

To mitigate these risks, the National Society relied on its cooperation agreement with the Ministry of Foreign Affairs to ensure that all planned actions remained aligned with the legal framework for the protection of returned migrants. Additionally, the National Society planned to socialize and update the operational communication manual, which included essential security considerations for staff and volunteers engaged in potential response activities.

Has the child safeguarding risk analysis assessment been completed?

No

Implementation



Budget: CHF 48,199
Targeted Persons: 450
Assisted Persons: 0
Targeted Male: 0
Targeted Female: 0

Indicators

Title	Target	Actual
Number of individuals receiving primary healthcare services (including medical and psychological assistance).	400	0
Number of volunteers trained in Standard First Aid and Mental Health & Psychosocial Support (SMAPS).	50	50

Narrative description of achievements

The Honduran Red Cross strengthened its readiness and response capacities through two planned training processes aimed at volunteers from multiple branches across the country. These activities were coordinated with the National Office of Medical and Prehospital Services, the Volunteer Management Unit, and regional councils.



Two consecutive training rounds were carried out, combining the Standard First Aid (SFA) course with a Training of Trainers (ToT) module in triage, each with a five-day duration.

The first training round targeted Regions I and II and was conducted from 30 March to 6 April 2025 in Tegucigalpa. A total of 25 volunteers (15 men and 10 women) participated from the branches of Juticalpa, Choluteca, El Paraíso, Siguatepeque, Márcala, Comayagua, Catcamas, Talanga, Yuscarán, Tegucigalpa, Pespire and Danlí.

The second training round targeted Regions III and IV and was implemented from 4 to 10 May 2025 in San Pedro Sula, with the participation of 25 volunteers (17 from Region III and 8 from Region IV). Participants came from the branches of Colón, Tela, La Lima, Villanueva, San Manuel, Santa Bárbara, Quimistán, Olanchito, Ocotepeque, Jutiapa, Islas de la Bahía, Las Vegas, Chamelecón, Santa Rosa de Copán, San Luis, Colinas and Puerto Cortés.

In total, 50 volunteers were trained. These sessions strengthened volunteer capacity in triage, wound care, trauma management and basic life support. The trainings used updated methodologies, manuals, audiovisual materials, simulation equipment and facilitation by specialized instructors. As a result, volunteers were better equipped to provide timely, safe and effective care in emergency situations involving returned migrants.

Note: Although the operational update reported that 100 volunteers had been trained, the final number of volunteers trained in health issues was 50, in line with the two rounds of training conducted.

Lessons Learnt

- Group activities and simulation exercises facilitated teamwork, encouraged the exchange of ideas, and enhanced volunteers' ability to respond collaboratively under pressure.
- Combining theoretical sessions with practical components increased volunteers' confidence and improved retention of the knowledge and skills acquired during the training.
- Maintaining diverse and practice-oriented training methodologies is essential to ensure quality learning outcomes in future preparedness and response initiatives.

Challenges

Ensuring continuity of the regional volunteer groups formed during the training process represented an important challenge. Sustaining these groups required ongoing follow-up, regular refresher sessions and opportunities to strengthen practical skills. Maintaining motivation and consistent participation also demanded coordinated efforts between regional councils and the National Society's technical teams.



Water, Sanitation And Hygiene

Budget: CHF 87,022

Targeted Persons: 4,000

Assisted Persons: 0

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
Number of individuals with access to safe drinking water for hydration.	4,000	0
Number of individuals receiving gender-sensitive hygiene supplies, including menstrual hygiene products.	4,000	0

Narrative description of achievements

The National Society completed the procurement and reception of all WASH items planned under this IFRC-DREF allocation. A total of 4,000 bottles of water (500 ml) were received and fully pre-positioned in the National Society's central warehouse for potential activation.



Likewise, the procurement and reception of 4,000 differentiated hygiene kits —2,500 for men, 500 for women, 500 for children and 500 for infants— was completed, and all kits were pre-positioned as planned.

In addition, 1,800 menstrual hygiene kits were successfully received from the supplier and stored in the central warehouse. This completed the full pre-positioning package foreseen in the operational strategy.

No distributions were conducted, as the triggers for the transition from readiness to response were not reached during the implementation period. All WASH items remain pre-positioned to ensure an immediate and scalable response should activation thresholds be met in the future.

Lessons Learnt

The decision to procure 500 ml bottled water proved practical for future activation, as the smaller size allowed returned migrants greater mobility during displacement. The reduced weight facilitated immediate hydration while enabling people to continue their journey without additional physical strain.

The use of colour-coded differentiated hygiene kits, each with clear external labelling, significantly improved organization, stock management, and delivery planning. By distinguishing men’s, women’s, children’s, and infants’ kits through visible and standardized features, the National Society ensured faster classification, reduced errors in distribution, and improved the traceability of items pre-positioned for potential response.

Challenges

The possibility of not reaching the activation threshold represented a key operational challenge, as it implies storage periods for pre-positioned items, requiring frequent monitoring to preserve their quality for distribute.



Protection, Gender And Inclusion

Budget: CHF 6,752

Targeted Persons: 400

Assisted Persons: 0

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
Number of individuals who receive information and utilize Restoring Family Links (RFL) services to reconnect with their families.	400	0
Number of individuals identified and safely referred for specialized protection services, with a focus on violence and forced displacement.	50	0
Number of volunteers trained in PGI in emergencies, who sign the PEAS policy.	25	45

Narrative description of achievements

The Honduran Red Cross strengthened its protection capacities through the implementation of in-person training sessions delivered in Regions I and II, focused on enhancing the safeguarding skills of volunteers engaged in migration-related assistance.

Two PGI-focused sessions were carried out, which included the following key components:

- Presentation of the national migration context
- Dissemination of the Prevention and Response to Sexual Exploitation, Abuse, and Harassment (PEAS) Policy
- Vulnerability analysis



- Identification and safe referral of cases

During these sessions, it was verified that all participants had signed the PEAS Policy, reaffirming the institutional commitment to safeguarding standards.

A total of 45 volunteers participated in these capacity-building activities, distributed as follows:

- San Pedro Sula: 25 volunteers (3 men and 22 women)
- Santa Rosa de Copán: 20 volunteers (3 men and 17 women)

In addition, a session on the auxiliary role of the National Society was delivered in person during the same training days, reinforcing institutional responsibilities within the humanitarian mandate.

Parallel to these efforts, and in coordination with the National Society’s Mental Health and Psychosocial Support (MHPSS) focal point, two “Caring for the Caregiver” workshops were conducted between 28 and 30 March in San Pedro Sula and Santa Rosa de Copán. These sessions aimed to strengthen the emotional well-being and resilience of frontline volunteers supporting migrant populations.

Furthermore, the National Society updated the mapping of organizations and key actors involved in protection and humanitarian assistance, ensuring more accurate and up-to-date referral pathways for individuals with protection needs. This action improved coordination and supported safer, more effective referrals.

Although an additional virtual training session had initially been planned to expand coverage to other regions, this activity could not be implemented due to scheduling constraints.

Lessons Learnt

- The training strengthened not only technical knowledge but also the volunteers’ commitment to safeguarding migrant rights and promoting safe, inclusive, and violence-free environments.
- Ensuring that volunteers are equipped with practical tools and updated guidance proved essential for addressing the complex protection challenges present in the current migration context.

Challenges

- Maintaining continuity of the regional volunteer teams and ensuring their ongoing training remained a key challenge throughout the operation.



Community Engagement And Accountability

Budget: CHF 0

Targeted Persons: 3,200

Assisted Persons: 0

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
Percentage of satisfaction among returned migrants regarding the services provided.	80	0
Number of volunteers trained and updated in CEA, with a specific focus on feedback mechanisms.	50	45

Narrative description of achievements

The Honduran Red Cross strengthened its accountability processes through two in-person training sessions on the National Society’s feedback mechanism and communication channels, with a specific focus on migration contexts. These sessions aimed to ensure that



volunteers clearly understood how the feedback mechanism functions, the appropriate use of established channels, and the internal communication lines required for handling complaints, concerns, and comments from communities.

The trainings were carried out on 5 and 6 April 2025 in San Pedro Sula and Santa Rosa de Copán, in coordination with the National CEA focal point. In San Pedro Sula, 24 volunteers participated (4 men and 20 women), while in Santa Rosa de Copán, 21 volunteers took part (8 men and 13 women), for a total of 45 volunteers trained.

Although the initial target was 50 participants, scheduling constraints prevented reaching the full planned number. No virtual sessions were conducted.

Lessons Learnt

- Maintain an updated database of all trained volunteers across regions to ensure effective follow-up and continuity of the learning process.
- Establish continuous communication with trained volunteers through dedicated groups or channels, allowing the regular sharing of updated information related to the migration context.

Challenges

Ensuring continuity in the application of CEA skills was challenging due to volunteer turnover at branch level, as some of the individuals trained were no longer active by the end of the operation.



Secretariat Services

Budget: CHF 4,276

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
Number of field monitoring visits conducted.	2	0

Narrative description of achievements

• Throughout the operation, the Honduran Red Cross received continuous technical follow-up and support from the IFRC Country Cluster Delegation for Central America. Two field visits were carried out by the National Society to the border points of Las Manos and Corinto, complemented by regular virtual meetings with focal points from the Returned Migrant Assistance Centers and protection technicians. These actions enabled close monitoring of migration flows, both of returned migrants and migrants in transit moving south-north and north-south.

As part of IFRC support, the Migration Officer from the Central America Delegation conducted a monitoring visit in June 2025, providing technical guidance on preparedness actions and coordination mechanisms.

Lessons Learnt

- Maintaining continuous monitoring of population movements at border crossing points remained essential, even during periods with limited humanitarian presence on the ground.
- Early coordination with institutional counterparts proved valuable in ensuring readiness for a potential activation and contributed to strengthening joint operational understanding.



Challenges

Reaching border areas presented logistical challenges, particularly due to irregular entry points and limited control mechanisms, which complicated the collection and verification of statistical information.



National Society Strengthening

Budget: CHF 3,001

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
Number of lessons learned workshops conducted.	1	1

Narrative description of achievements

The lessons learned workshop, initially planned for early September 2025, was conducted in August 2025, following the completion of the planned preparedness and readiness activities. The workshop brought together key staff and volunteers involved in the operation, allowing the National Society to review achievements, identify operational challenges, and document institutional learning to strengthen future anticipatory and response actions.

Lessons Learnt

Conducting the lessons learned workshop before the closure of the operation proved valuable for capturing timely insights, reinforcing internal coordination, and strengthening the National Society's preparedness for future anticipatory actions.

Challenges

Ensuring the participation of key personnel in the lessons learned process was challenging due to operational workloads and competing priorities at branch level.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRHN025 - Honduras - Population Movement

Operating Timeframe: 12 feb 2025 to 31 ago 2025

Selected Parameters			
Reporting Timeframe	2025/2-10	Operation	MDRHN025
Budget Timeframe	2025/2-8	Budget	APPROVED

Prepared on 26/Nov/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	149.250
DREF Anticipatory Pillar	149.250
Expenditure	-97.600
Closing Balance	51.650

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	60.497	39.673	20.824
PO05 - Water, Sanitation & Hygiene	63.148	45.166	17.982
PO06 - Protection, Gender and Inclusion	9.664	10.292	-628
PO07 - Education			0
PO08 - Migration		276	-276
PO09 - Risk Reduction, Climate Adaptation and Recovery	9.109		9.109
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
Planned Operations Total	142.417	95.407	47.010
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	4.015	2.193	1.822
EA03 - National Society Strengthening	2.818		2.818
Enabling Approaches Total	6.833	2.193	4.639
Grand Total	149.250	97.600	51.649

[Click here for the complete financial report](#)

Please explain variances (if any)

A total of CHF 149,250 was allocated from the Disaster Response Emergency Fund (DREF) for the implementation of this operation. By the end of the operation, total expenditures amounted to CHF 97,600. The unspent balance of CHF 51,650 will be returned to the DREF.

The most notable variances between the budgeted and actual expenditures include the Health and WASH sectors, as the operation remained focused on readiness, and pre-positioning actions. The non-activation of early action triggers resulted in reduced implementation costs related to service delivery and field deployment.



The items were procured under this IFRC-DREF operation and currently pre-positioned are the following:

*4,000 bottles of drinking water (500 ml each), intended for immediate hydration support in case of activation.

*4,000 differentiated hygiene kits, distributed as follows: (2,500 kits for men, 500 kits for women, 500 kits for children, 500 kits for infants)

*1,800 menstrual hygiene kits.

All the above-mentioned items are stored and pre-positioned at the Honduran Red Cross central warehouse, under appropriate storage conditions, inventory control, and quality monitoring, to ensure immediate availability in the event of a future DREF activation.



Contact Information

For further information, specifically related to this operation please contact:

National Society contact: Hugo Orellana, National President, hugo.orellana@cuzroja.org.hn

IFRC Appeal Manager: Marjorie Sotofranco, Head of Delegation (Acting), marjorie.sotofranco@ifrc.org

IFRC Project Manager: Diana Oviedo, Coordinator, Programs and Operations, diana.oviedo@ifrc.org, +505 83232600

IFRC focal point for the emergency: Diana Oviedo, Coordinator, Programs and Operations, diana.oviedo@ifrc.org, +505 83232600

Media Contact: Susana Arroyo, Manager, Regional Communications, susana.arroyo@ifrc.org

[Click here for reference](#)

